

Application for Master Plumber Examination

Michigan Department of Consumer & Industry Services

Bureau of Construction Codes

Plumbing Division

P.O. Box 30255

Lansing, MI 48909

517/241-9330

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Examination Fee: \$50.00

Authority: 1929 PA 266
Completion: Necessary For Exam Consideration
Penalty: Application Cancelled & Fee Forfeited

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

1. Complete and **sign original application**. Please type or print in ink.
2. Enclose a check or money order payable to the **State of Michigan**.
3. Please have authorized master plumbers who supervised you as a journeyman plumber certify your dates of employment and have their signature notarized.
4. Mail completed application and fee to the above address.

Applicant Information

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER
ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER

Current Status

Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been licensed as a journeyman plumber in Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journeyman Plumber License No. _____		
Are you licensed as a master plumber in another state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. _____		
City/State _____		

Examination Preference

Refer to the enclosed "Schedule of Plumbing Board Meetings and Licensing Examinations" for examination dates. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination.

Preferred Date
_____ ☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted of a felony or misdemeanor?

☐ No

☐ Yes

If yes, you must request, complete, and return a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Certification and Signature

I certify that the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection or revocation of license, if issued.

APPLICANT'S SIGNATURE

DATE

Examination Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

Experience Record

It is necessary to show a minimum of 2 years experience as a journeyman plumber. **List your present employer first.** Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications.

Master Plumber - Complete This Section

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
ADDRESS			DATES OF EMPLOYMENT:		
			FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____		
CITY	STATE	ZIP	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME NO. HRS/WEEK _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> HEAVY CONSTRUCTION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> REPAIR					
DESCRIPTION OF WORK					
<hr/> <hr/> <hr/>					
I CERTIFY THAT I AM/WAS ENGAGED IN THE BUSINESS OF BEING AN AUTHORIZED MASTER PLUMBER AND THAT THE APPLICANT WAS ACTUALLY IN MY EMPLOY AS A JOURNEY PLUMBER INSTALLING PLUMBING. I FURTHER UNDERSTAND THAT FALSIFICATION OF ANY STATEMENT IS CAUSE FOR REJECTION OR REVOCATION OF LICENSE, IF ISSUED.			SUBSCRIBED AND SWORN BEFORE ME, _____		
SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____, 19_____,		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		
			_____ (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: _____		

Master Plumber - Complete This Section

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
ADDRESS			DATES OF EMPLOYMENT: FROM (MO/DAY/YR) _____ TO (MO/DAY/YR) _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME NO. HRS/WEEK _____		
CITY	STATE	ZIP			
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SIGNATURE OF MASTER PLUMBER			THIS _____ DAY OF _____, 19_____,		
LICENSE NUMBER			A NOTARY PUBLIC IN AND FOR _____ COUNTY, MICHIGAN		

			Signature of Notary Public		
			MY COMMISSION EXPIRES: _____		

Agency Use Only

Examination Results			
Written	Practical	Chart	Passed/Failed
%	%	%	
Licensed by Examination of:	Failed to Pass Examination of:	Approved by Board:	License Number:

Application Received	Amount of Fee
Years Experience	Age
Repeat	School